

# THE *informed* PARENT

ISSUE TWO - 2000      A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

## ALERT ISSUED AFTER REACTIONS TO MENINGITIS C VACCINE

*Taken from: Pulse, 13/5/2000*

Government officials have issued an alert to all district immunisation co-ordinators making clear that one of the two meningitis C vaccines being used in the new national programme has higher rates of side-effects than the other.

Reports of more headaches and swelling and redness at the injection site were reported with the Chiron vaccine, Menjugate, than with the Wyeth vaccine, Meningitec, forced the Department of Health to issue a letter stating: "We have received a number of calls informing us of a perceived increase in the number of localised reactions in those children receiving the new Chiron vaccine."

The findings were similar to those seen in the Public Health Laboratory Service (PHLS) vaccine trials, and 'there were no serious adverse events seen in these trials after this (Chiron) vaccine', the letter added.

A department spokesperson told Pulse that studies were under way to establish the reasons for the difference. In the meantime, it was not feasible to stop using the Chiron vaccine because of limited supplies of the Wyeth product. 'These studies may not find anything, but we know the vaccine is safe,' she

said. She added that GPs were only receiving supplies of the Wyeth vaccine.

Data from the PHLS trials, in which 1,539 children received the Chiron vaccine and 1,853 received the Wyeth product, showed that overall 14.5 per cent of secondary school children and 5.7 per cent of primary school children reported a headache within three days of vaccination. The respective proportions reporting local redness were 24.6 per cent and 28.5 per cent.

Dr David Elliman, district immunisation co-ordinator for Merton, Sutton and Wandsworth health authority, said: 'We don't know why there is a difference between the vaccines. Both have the same active components and the same conjugate. It must be some other constituent.'

The Chiron vaccine was introduced on March 6 for use in secondary school children to help meet the Government's tight immunisation timetable. It is currently licensed for children over 12 months but a licence for use in babies up to 12 months is expected by September.

Anna Prugnola, Chiron's scientific adviser, suggested health professionals giving the vaccine might have sacrificed good technique in favour of speed.

*Caroline White*

## BOY DIES OF MENINGITIS DAYS AFTER VACCINATION

Scottish paper, *The Press and Journal*, 28/3/2000, reported the case of a 14 year old boy who died just a few days after receiving the meningitis C jab. Health officials stressed that the jab could not have brought about any medical reaction or triggered the disease which led to the boy's death. They also stated that it was too early to establish which strain of meningitis killed him, and that it would have taken 10-14 days for the injection to give full protection from the disease.

Further in the article it reports that a consultant in public health medicine at Grampian Health Board, Dr Cresswell, had issued a letter to all parents of the boy's school to alert them that meningococcal meningitis was not particularly infectious and it was unusual for there to be more than one case. He also reassured them that the vaccine was not a live one and that the vaccine couldn't cause meningitis.

*Editor: In the Dept. of Health leaflets it states that the meningococcal bacteria can be spread by coughing, sneezing or direct contact such as kissing, which gives parents the idea that transmission is quite easy, and yet in the above case a health official openly admits that meningitis is 'rarely infectious'.*

*In the same newspaper, a comment on this case states:*

'The fact that Keith had been inoculated against meningitis just days before he contracted the disease is entirely coincidental. There is no clinical relationship between having the inoculation in that form and contracting the disease itself.'

*The Informed Parent contacted Grampian Health Authority to ask about this case. The boy concerned received the vaccine on a Tuesday, felt unwell on the Saturday, then the full-blown symptoms appeared and the boy sadly died on the Sunday. The Health Authority did not comment on whether his death could have been connected to the recent jab he had received. They also confirmed that they were unable to establish the strain involved as the large doses of antibiotics given, in an attempt to save his life, had destroyed this evidence.*

## GP TEENAGE VACCINE FEE

*Taken from: Pulse 8/4/2000*

GPC negotiator Dr Peter Holden has urged health authorities to follow the lead of one authority which has agreed a deal to pay GPs for vaccinating 15 to 17 year olds against meningitis C.

Morgannwg LMC in Wales has negotiated for GPs to receive the standard item of service fee of £6.50 for opportunistically vaccinating 15 to 17-year-olds who are outside the school and college system. Immunising teenagers in this age group is normally the responsibility of the schools health service.

Dr Holden said: "I understand other health authorities are thinking about it and I would commend them to do the same as Morgannwg.

Dr Ian Millington secretary of Morgannwg LMC said: "There are certain teenagers who drop out of the school and college system who've missed out on this scheme. So the numbers are very small - no more than 1,000. They didn't fit into anybody else's system."



## JABS IN THE DARK

According to an article in the Nursing Times, 17/2/2000, Vol 96, No. 7, p28-31), a survey of health visitors and practice nurses in 2 English health authorities showed that panic among parents about the MMR vaccine may well be spreading to health professionals. The survey showed that as a result of something they had read in the past year, 10% of health visitors and 8% of practice nurses may not recommend immunisation.

The article comments that 'if health professionals were to lose faith in vaccinations this would have a major impact on the entire UK immunisation programme.'

Out of 259 respondents, 145 said they would feel more anxious about having their own children immunised now than they would have done 3 years ago.

Among the concerns raised by health visitors in the questionnaire were 'pressure to meet targets', 'too many immunisations at once' and 'overloading the immune system.'

The article featured a number of proponents of vaccination commenting on the situation. For example, Helen Bedford, from The Institute of Child Health, was quoted as saying, 'I have worries that some health visitors are not enthusiastic. Some of the questions they ask me give me cause for concern. Health professionals need critical appraisals of research at the most basic level so that they can spot flaws in articles and respond immediately. Some parents are finding dubious information on the internet. Much of the anti-immunisation lay literature is emotive and easier to access.'

Judith Moreton, Oxfordshire immunisation co-ordinator, commented, 'I think some nursing journals have been pushing the anti-vaccination line, and too much credibility has been given to the anti-immunisation lobby. There has been misinterpretation and distortion of scientific facts.'

The article ends with the usual statement, that if the vaccination programme is undermined these diseases will return and start killing children.

*Editor: I have certainly noticed an increase of enquiries from health professionals in recent years. It's reassuring that there are some who are actively encouraging parents to make an educated decision. Obviously co-ordinators of vaccination will continue to promote vaccinations, otherwise what will they have to co-ordinate?*

## REACTION FORMS

In the December issue of this newsletter a form was enclosed regarding vaccine reactions. These forms are part of a European project co-ordinated by 2 groups - ALIS (France) and La Liga Para la Libertad de Vacunacion (Spain). Homoeopath Lesley King, the co-ordinator for the UK, will be attending the group's 2nd meeting in mid-July, so it is important that as many forms are completed beforehand and sent in. Reactions do not have to be proven, suspected ones are acceptable, and they can be completed by parents as well as practitioners.

Lesley would also urge all practitioners to support this project and help circulate these forms. The majority of forms returned so far have been completed by parents so Lesley is asking for more practitioners to get involved, and start filling out those

## OUTSIDE INTERESTS DECLARED

In May, 1999 the following was asked to the Secretary of State for Health:

If he will list those members of advisory committees to his Department who have declared outside interests with named pharmaceutical companies.

The information was made available, listing the various bodies, the individual names and the drug companies they had some interest with.

Here are a few examples:

All 3 members of the Public Health Laboratory Service Board had interests with GlaxoWellcome (G/W). One also

forms!!

For further forms, please send A4 size SAE to: Lesley King, 62 Paynton Road, St Leonards, East Sussex, TN37 7DZ

*Editor: It is vitally important that reactions are logged and studied. Over the years I have been appalled at how many suspected reactions go unreported by medical practitioners. Also, I am deeply concerned that most members of the Joint Committee on Vaccination and Immunisation and Committee on the Safety of Medicines have outside interests with certain drug companies.*

*In the DoH book, Immunisation against Infectious Disease, under Adverse reactions (8.1.3 page 29) it states:*

The Joint Committee on Vaccination & Immunisation and Committee on the Safety of Medicines are independent committees which provide expert advice on immunisation policy and the quality, safety and efficacy of vaccines respectively.

*To see how 'independent' the committee members are, the article below may shed some light!*

had interests with SmithKline Beecham (SKB).

11 out of the 13 members of the Committee on the Safety of Medicines had interests with G/W. 7 with SKB.

5 out of the 6 members of the Joint Committee on Vaccination and Immunisation had interests with G/W. 4 with SKB.

*Editor: One has to question the rightness of this situation. Surely these outside interests have some influence on the decisions made by the members of these various bodies?*

## MERCY TRIP MOTHER'S BABY DIES

*Taken from The Mirror, 6/3/2000, p19*

A premature baby whose mother made a 40-mile round trip to breastfeed him, died after doctors gave him the all clear.

Dion Langford was found dead in his cot aged two months.

Last night distraught mum Melanie demanded an inquiry into the tragedy which came hours after her son Dion had a meningitis injection.

Melanie, who has two other children, had taken him for a polio, diphtheria and whooping cough jab.

She said: 'The nurse said he should have meningitis C at the same time.'

'When I told my doctor this after Dion died, she seemed surprised because he was born so early.'

'I'd be devastated if it was the jab.'

Dion was two months early and just 2lbs 9oz when he was born by Caesarean section at Worcester Royal Infirmary on December 9 and transferred to Birmingham.

There was no room for Melanie, 23, who had to stay at Worcester forcing her to make a daily trip to feed her son before taking him home to Kidderminster. An inquest was opened and adjourned. Tests have yet to show cause of death.

*By Adam Parsons*

*Editor: As usual they are 'unable to establish the cause of death'! It should at least be reported that his death may be related to the vaccinations he received, using the Yellow Card system, but it probably won't be!*



# WHICH? REPORT

In June 1999, The Informed Parent received a letter from *Which?*, the independent consumer guide, requesting information on childhood vaccinations and also an interview to help them with a piece on the 'pros and cons of vaccination'.

The final piece was published in the March 2000 issue of *Which?* entitled Vaccine Health Scares. The tone of the 4-page article was extremely pro-vaccine and as the opening paragraph stated:

'To check out the facts behind the headlines, we asked four health experts for a no-nonsense guide, to help you make up your own mind. Our experts included a GP, a public health consultant, a consultant in child health and a nurse who researches vaccines.'

There was no mention of the names of the four experts, so I found it interesting that on the *Which?* factsheet linked to this article it warned about problems with the reliability of information, and gave parents a few tips, the first one being:

- Who has written the information, what are their qualifications, and whom do they represent?

I contacted the Health senior researcher to ask for details of the 4 experts involved in this article and was informed that it was not their policy to disclose this information!

I expressed concern that it was rather hypocritical to encourage the public to find out the authors of vaccine articles, and then be unwilling to disclose the author's names in their own piece. *Which?* said they could see my point and would contact the 4 authors to ask if they would be happy for their names to be disclosed. They also faxed a statement to justify their position which read:

'*Which?* magazine is directly accountable for the content of its articles. Contributors are normally asked if they want their names to be revealed, in the case in point some of our external experts have asked that their names not be revealed and this

will have been formalised by contract. This may be either for professional or personal reasons, and *Which?* Ltd and The Consumers' Association are bound to honour their decision.'

Two wished to remain anonymous but *Which?* said they were at liberty to reveal that David Elliman and Helen Bedford were the other two involved.

This immediately gave me further concern, since a recent article in the BMJ ('Concerns about immunisations', 320:240-243, 22/1/00 - see page 10 of this issue) by these two health professionals stated under the heading 'footnotes':

**'Competing interests: DE and HB have both been sponsored to attend and speak at educational meetings and have conducted research financed by manufacturers of vaccines.'**

I have now written again to *Which?* with my concern that surely it was inappropriate for an article featured in an independent consumer guide to involve health professionals that have some interests with vaccine manufacturers? I shall let you know their response in a future newsletter.

If you would also like to write to *Which?* about this matter, the contact details are as follows:  
Simon Liss, Corporate Relations,  
Consumers' Association, 2 Marylebone Road, London, NW1 4DF

Regarding the actual contents of the article, my disappointment as well as others, who contacted The Informed Parent appalled by the one-sidedness of the article, prompted me to write to *Which?* Reproduced here is a text copy of the initial letter sent voicing my criticisms.

*'I am writing in response to the March 2000 issue of Which, featuring the 'Vaccine Health Scares' article. You wrote last year, 17 June 99, requesting information for a so-called pros and cons piece on vaccination. I sent quite an amount of literature and spoke to you at length over the telephone.*

*It appears that all this was a total waste of time and energy, since you have produced a 'no-nonsense guide' by a number of so-called 'experts' which is completely one-sided and serves only as promotional propaganda. This will certainly not encourage parents to look*

*into this controversial issue, and make an informed choice.*

*I find it very worrying that a magazine such as yours is allowed to promote itself as 'the independent consumer guide'. If this is an example of the independent research you present then I personally would not be confident about any of the issues you cover.*

*Yours sincerely.....'*

*Which?* did respond stating that: 'unfortunately the form an article takes can change quite considerably from when the preliminary research is done to when the actual report is written, and there is always a lot of information that we are unable to fit in.'

There was also a statement that the report was based on 'published scientific evidence' so as to supply parents with 'research-based facts.'

Fortunately I noticed one interesting point featured in the Questions & Answers page at the end. One question read:

Aren't vaccines full of chemicals that I might want my child to avoid?

The answer dismissed the fears and stated that the quantities of these chemicals are extremely small and at those levels the chemicals haven't shown to cause any harm. However they then stated that 'the Dept of Health (DoH) has recently asked vaccine manufacturers not to use a preservative called thiomersal, as it contains mercury. The DoH says that this is just a precaution.'

Why would they need to take this precaution if there are no risks? More and more evidence is emerging about the dangers of mercury, so how can any level of a highly toxic poison be acceptable, especially when it is being directly introduced into young babies' bloodstreams? I often wonder if it is simply the fact that when the public starts becoming more informed about, for example, what actually goes into a vaccine, it is only then that the health departments start to bring in changes.

Incidentally anyone interested in studying more on mercury-use in amalgam fillings and the damage it can cause to your health, the new book by Dr Jack Levenson, 'Menace in the Mouth' would be a good place to start.

Available from WDDTY:

01858 438894



# VRAN EDITORIAL

*Taken from: Vaccination Risk  
Awareness Network, Jan.-March  
2000. Canadian newsletter.*

*By Edda West*

The newly formed Global Alliance for Vaccines and Immunization (GAVI) made its strategic debut at the World Economic Forum in Davos, Switzerland on January 31, 2000. It urged the world's economic power-brokers to view children as the "key to sustainable human development" saying that endorsement of their Children's Challenge campaign would save millions of young lives each year. Its purpose and declared intent is to vaccinate "all the world's children." Its core philosophy is that vaccination is a basic human right, and a moral imperative that should not be denied any child.

Who exactly is GAVI? Members and supporters include: The pharmaceutical industry, The World Bank, WHO, UNICEF, the Rockefeller Foundation, Bill and Melinda Gates Foundation, and member nations. And by whose authority have they seized ownership of the "world's children", as if children no longer have parents capable of making sound health care decisions for them? By the authority of globalization agendas ruled by corporate interests that threatens to dominate all aspects of society.

And what is Canada's role in this accelerating vaccine drive that targets every child on the planet? Canada's Minister for International Cooperation, Maria Minna, will represent Canada on the GAVI Board. According to the GAVI press release, Minister Minna welcomed the new initiative as a major contribution to improving the lives of children around the world. "There is no better way to ensure the success of a developing country than to invest in their children. This is one of my top priorities at the Canadian International Development Agency (CIDA) and I intend to commit my energy and resources to ensure the world's children receive the protection they deserve."

In 1991, Dr Raymond Obomsawin, PhD served as an Evaluation Analyst at

CIDA. The focus of his research was to conduct a field evaluation of the Expanded Program of Immunization (EPI) in Thailand, a targeted country of the World Health Organization's massive international vaccination campaign, started in 1983. The newly launched GAVI campaign is a hyper-intensified extension of EPI. Its all encompassing purpose is to achieve maximum immunization coverage of the world's children. Obomsawin's report criticized the absence of accountability in several areas; the effectiveness of mass vaccination programs, the overall impact on long term health outcome, and the expenditure of millions of dollars without any proper cost/benefit analysis. His critique of Canada's role in the EPI was not well received. His report was never made public by CIDA.

Dr Obomsawin notes that "Epidemiological science is largely predicated on the reality that changes in morbidity and mortality in human populations are necessarily linked to a whole series of contributive factors. It is widely acknowledged that factors such as: nutrition, potable water; the natural and social environments (eg agricultural practices, education and income), all play vital roles in determining the onset, severity, and eradication of both infectious and degenerative diseases." Furthermore, the relative impact of expanded immunization programs on mortality levels in the Developing World remain relatively undetermined and unsubstantiated. He quotes from Phase 1 of the program evaluation- "At present it appears that there is no conclusive evidence on the impact of immunization on child mortality from all causes - it may be that EPI's effect is merely to bring about 'replacement mortality', whereby children succumb to other diseases instead."

Are we witnessing 'replacement mortality' in the fact that cancer kills more children under the age of 14 than any other disease in Canada today? Are we witnessing 'replacement morbidity' or vaccine induced morbidity in the tragic epidemic of autism spectrum disorders, anaphylaxis, the unprecedented rise of juvenile-onset insulin dependent diabetes and other autoimmune diseases? Autoimmune disease is now the third major category of illness in the United States and many

industrialized countries, behind heart disease and cancer, said Dr Noel Rose, a pioneer in autoimmune research at Johns Hopkins University School of Public Health. According to a recent Associated Press article, medical experts told a United Nations panel that between 75% and 90% of those suffering from diseases like rheumatoid arthritis, multiple sclerosis and lupus are women. Immunologist, Dr Bart Classen's research links vaccines to the increase of juvenile-onset diabetes. He asks: "When will the government acknowledge the link between vaccines and autoimmunity?"

Health care as currently dominated by the allopathic/pharmaceutical model, controlled and manipulated by profit driven transnational interests is on a collision course with humanity's most basic needs. Both in the developing world, and in western societies, aggressive vaccination programs devour precious resources which could otherwise be directed towards true health creating policies. People everywhere are disabled from attaining health because they are denied access to fundamental resources necessary to support health and the ever increasing vaccine/drug burden further oppresses an already, overmedicated, overstressed, immune-compromised humanity.

There is a huge reality gap between those who promote vaccines as the ultimate weapon to 'conquer' infectious disease, and those who are paying close attention to emerging research in immunology and neurology that is revealing the myriad ways by which vaccines can cripple the immune system, and attack the nervous system. The reality gap will broaden as the medical system remains unaccountable for vaccine induced injuries and continues to tyrannize the public with falsely inflated fears of this or that infectious disease. And then there are the cross-generational effects of vaccination. Dr Yazbak's research underscores the vulnerability of children born to mothers whose immune systems have been sensitized and skewed by vaccines.

As parents in Canada wake up to the chilling fact that more and more children are being lost to autism, brain dysfunction and chronic autoimmune diseases because their immune/neuro-



logical systems are under attack by vaccine overkill, they struggle to understand how they can best protect their children's health. FEAR of disease is the instrument of control exerted by dominant allopathy to keep the public smartly in line with its vaccine agendas. And FEAR is what prevents us from stepping into our power to claim what is justly ours - the RIGHT to good health. Fundamentally, all people understand that adequate nourishment, access to reliable, uncontaminated food and water supplies, are the foundations that support strong health and are the means by which resistance to disease is gained. When we reject being controlled by fear, the path ahead opens to illuminate health creating possibilities.

Experience from around the world indicates that in countries where infectious diseases have declined, the countries that advanced most rapidly achieved a substantial improvement in nutrition, which led to increased resistance. Thomas McKeown, past Chairman of the WHO advisory group on health research strategies noted that "Indeed in some countries this was the only important direct influence. It is perhaps surprising that immunization appears to have contributed relatively little to the advances..... the reduction in mortality occurred during a period when vaccine coverage was still low." He goes on to say that malnourishment, lack of sanitation, contaminated food and water are the common causes of ill health. He concludes that "the determinants of health can be epitomized by the simple statement that people must have enough to eat and must not be poisoned."

If the powerbrokers truly had the well being of the world's children in mind, they would pour their billions now designated to vaccine research and deployment, into ensuring that all mothers have access to nourishing food and clean water so they can give birth to healthy babies. Extended breastfeeding which is universally acknowledged as the exclusive source of the most crucial immunological protection in early childhood, would be enshrined as humanity's most precious health resource. Mothers everywhere would be empowered to understand that their own breastmilk is designed by nature to

facilitate survival of the species, unlike any other process or substance. It insures optimal brain development in children, confers protection from a vast assortment of diseases, and is the essential element that teaches and matures the immune system to harmonize its many complex aspects.

New Zealand researcher Hilary Butler recently presented a powerful and illuminating position paper on The Role of Vaccines in SIDS (sudden infant death syndrome) to the Sixth SIDS International Conference at Auckland University, New Zealand. With clarity and incisiveness, she cuts a swath through complex studies and scientific papers to challenge and lay bare the myth that vaccine induced immunity is the same as natural acquired immunity after exposure to a disease. She exposes the fatal flaw in the current obsession with antibody production. "As long as doctors assume that antibodies are the 'be-all and end-all of vaccine induced immunity and refuse to look at anything else, they will not understand the basis of vaccine reactions, allergy, or autoimmunity."

"Published medical research makes it clear that vaccines can and do skew the immune system towards the Th2 system." She explains the implications of skewing Th1/Th2 immunity. "The Th1 system is the 'search and destroy' defenses of the body and 'sets in motion a clear sequence of events which have the focus of 'find that thing, collect it, show us what it is and at the same time destroy it' - this being the primary mechanism in the fighting of all infections and cancer. This is what the tonsils and adenoids (amongst others) are all about - the first line Th1 defense."

"The Th2 is the other side of the linking circle. It is called humoral immunity, and takes place further down the line than cellular (Th1) immunity. About the same time as the Th1 immune system is surrounding, killing and getting rid of the problem, particles of the 'problem' are being presented to the cells which make antibodies. In order for there to be a long-lasting antibody response, there must be a strong Th1 (cellular) response. Th2 is the 'memory' line of defense, which also 'shuts' down the Th1 side of the immune system."

"The key to fighting infectious diseases is to have a strong Th1 immune system. The assistant to helping prevent a repeat attack is Th2. They work hand-in-hand, but a healthy immune system is Th1 focused, since 'search and destroy' is the most needed capacity of the immune system in every day life."

When vaccines are injected in infants, they bypass the "search and destroy" aspect of the immune system - the Th1 portals of entry. "They do not in any way, shape or form resemble an inhaled or swallowed bacteria or virus because they are changed, attenuated, and injected as multi-antigens into the body along with heavy metal derivatives, other contaminants and antibiotics." Consequently, the body does not deal with the antigens in the normal sequence of infection, where the front line defenses of the immune system are first engaged. Vaccines bypass the Th1 system, engage and stimulate the Th2 system, teaching it to be chronically active in this secondary mode.

Knowledge of the Th1/Th2 aspects of the immune system has only emerged in this past decade, and this is only a partial picture as there is a third, as yet not understood aspect, the function of which is undefined. As stated in an article in New Science "...The immune system is much more complicated than the Th1/Th2 relationship...research is just beginning to reveal the bigger picture." Butler points to the New England Journal of Medicine 1992, Vol 326, No.5, 298-304, as "one of the first of many references... A healthy immune system has a 'bias' towards Th1. People who have allergies, asthma and disease with an auto-immune origin have what is known as a Th2-skewed immune system." In other words, an immune system that is stuck in a chronically reactive mode.

The infant immune system is vastly different from an adult's and even from that of a 12 month old. An absolute necessity in the evolution of a strong, healthy and Th1/Th2 balanced immune system is to experience naturally learned immune responses in the appropriate sequences after birth. It is in this context that breastfeeding provides the essential foundation from which an intact immune system can evolve, and it is in this context that critical questions arise about the role of vaccines in



disrupting it. Hilary Butler asks "Could it be that early injections "teach" the immune system a "back to front" immunity? And skew it?"

Butler emphasizes that "All immunological models state that disruption early in life can have life-long permanent effects. But equally, that 'chemically induced defects (of the immune system) can occur at any stage of life.'" Currently, the dominant mass mind of the medical establishment has not even begun to address the implications to human health based on evidence that vaccines can and do skew the immune system, "redirecting" it, and disrupting critical processes of "sequential learning". In the developing world, where malnutrition and poverty sets the stage for infectious disease, the added burden of multiple vaccines can cripple the Th1, first line of defense, leaving the child to succumb to numerous other infections impervious to vaccine induced antibodies; while in the west, desperate parents in ever increasing numbers helplessly watch their children ravaged by autoimmune and neurological disorders.

"When arbitrary decisions in the mandating of vaccines are made by government bureaucracies, which frequently work hand-in-glove with the pharmaceutical industry, with no recourse open to parents, we have all the potential ingredients for a tragedy of historic proportions," concludes Dr Harold Buttram MD in a recent article in the Medical Sentinel. Mass vaccination programs targeting all 'the world's children' are a medical experiment based on a grossly flawed paradigm that arrogantly presumes its superiority over nature, while refusing to address critical concerns about the

role of vaccines in the degradation of the human immune system. Hilary Butler underscores the existing reality gap: "pro-immunization protagonists appear to be unaware of current immunological research, though they profess deeply held knowledge. Research which it is vital for parents to come to grips with and understand, because I believe the immunological integrity of our babies, children and future generations depends on it."

1) Dr Raymond Obomsawin PhD - Exploring Natural Traditions and Current Controversies, The Promise of Primary Health in the Developing World - CIDA Audit & Evaluation Division, Sept 1991. This document is revised and self published by Dr Obomsawin & titled "Universal Immunization - Medical Miracle or Masterful Mirage", available from Health Action Network in Burnaby, BC - Phone 604 435 0512

2) Hilary Butler - Position Paper on "The Role of Vaccines in SIDS, presented at the 6th SIDS International Conference, Feb 11/2000 - Auckland University, New Zealand.

3) Associated Press - "Autoimmune Disease Overwhelmingly Strikes Women" - published at CNN.com - March 3, 2000

4) Dr Bart Classen's comment on this article, circulated via Karin Schumacher's e-mail list: via@access1.net

5) Dr Harold Buttram - quote from his article in the March/April issue of the Medical Sentinel and available at:

<http://www.haciendapub.com/article37.html>

[http://www.worldnetdaily.com/bluesky\\_fosterj\\_news/20000306\\_xnfoj\\_vaccine\\_li.shtml](http://www.worldnetdaily.com/bluesky_fosterj_news/20000306_xnfoj_vaccine_li.shtml)

6) New Science: "Modern Hygiene's Dirty Tricks" by Siri Carpenter - Vol. 156, No. 7 Pg 109 - Aug. 26/99

7) Global Alliance for Vaccines and Immunization - web site: [www.vaccinealliance.org/](http://www.vaccinealliance.org/)

## MEASLES SUSCEPTIBILITY RISING

Taken from: *Australian Doctor*, 3/12/99 UNITED STATES.

Decades of rising immunisation rates for measles may mean unvaccinated babies are increasingly vulnerable to the disease, according to US researchers.

Writing in *Pediatrics*, they said women who had been inoculated while young had far less immunity to the disease to pass on to their offspring.

In a retrospective cohort study, the researchers assessed the influence of maternal year of birth on the incidence of infant measles, bearing in mind that measles vaccination became widespread in the US from 1963.

The study involved 128 unvaccinated infants aged 15 months (which was the standard age for measles vaccination in the US at that time) who had documented exposure to measles in the period 1990-92.

Infants whose mothers were born after 1963 were found to have a measles attack rate of 33% compared with 12% for infants of older mothers.

"Women who have had measles disease have high measles antibody titres, women who have not had measles but have been vaccinated effectively have lower antibody titres and women who have neither had measles nor been vaccinated effectively have no measles antibody" the researchers said.

Other significant risk factors were older infant age, mothers who developed measles after delivery, and exposure within two days of the rash onset of the exposing case.

They said their research suggested an increasing proportion of infants born in the US might be susceptible to measles.

## MEASLES BEFORE AGE THREE CUTS ASTHMA RISK

Taken from: *Pulse*, 29/4/00

Children who have measles before the age of three have a much lower risk of developing asthma, new research shows.

Having two or more younger siblings also gave protection against asthma, according to results from a Scottish study.

Researchers from the University of Aberdeen looked at the relationship

between the development of wheezing in adulthood and exposure to a range of childhood infections in over 300 people who enrolled in a 1964 health survey and were followed-up for 30 years.

Both infection with measles before age three (odds ratio 0.2) and two or more younger siblings (odds ratio 0.1) were found to be significantly related to a lower risk of doctor-diagnosed

asthma.

The relationship between siblings and adult-onset asthma was independent of exposure to childhood infection, according to the report in *Thorax* (May).

The researchers said measles virus might confer protection against asthma by altering the immune response for years ahead.



## GP ANGERED BY LOSE OF EARNINGS

An article in the Pulse (29/4/00) and a letter in GP (12/5/00) featured a GP who is set to lose over £15,000 a year in target and quality payments.

Dr Alan del Mar practises in Forest Row, East Sussex, where there are a large number of patients living in Rudolf Steiner communities and do not hold a good opinion on, in particular, vaccination.

In the past Dr del Mar had been able to reach over a 95% vaccination uptake because of a 'conscientious objector' exemption clause. Now his local health authority have removed this option from the vaccination target calculations, this means that Dr del Mar's chances of reaching any kind of vaccination uptake is nil.

Dr del Mar has written letters of complaint and feels the government's stand on this issue is morally reprehensible. In GP magazine he states:

"Whatever the figures may show, we have prided ourselves on providing a very high level of family medicine. It seems to me that in order to ensure that we do not lose our income we are going to be forced to introduce discriminatory measures against a minority group who will find themselves at a disadvantage because of their firmly held beliefs.

This is counter to everything that is being promoted throughout the health service.

The Patient's Charter claims that no one will be disadvantaged for their beliefs, and yet we are being put into an invidious position where we sacrifice a large proportion of our income if we fail to discriminate against this minority.

We feel that this is appalling and would urge you to make representations on our - and other practices' - behalf to remove this anomaly, which cannot be defended under any circumstances."

- I think this would be a good opportunity for parents to also write letters of concern to all levels regarding the target scheme, because it seems to me that both GPs and parents are generally unhappy with the existing system.

I have reproduced here the text of a letter I have written to Dr del Mar, which you may find useful.

Dear Dr Alan del Mar

*I am writing regarding the recent articles in Pulse and GP magazine on target payments.*

*Although I'm sure my opinion on vaccination is very different to yours, I do sympathise with the situation you and other GPs find themselves in, if you are in areas where parents are making informed decisions on this controversial issue.*

*Over the years I've spoken and corresponded with numerous parents who have been under immense pressure from their GPs to have their children vaccinated. Some have been threatened to be struck off, some have even been struck off, and others have been asked if their children could be moved off the surgery's NHS list to maintain high target figures. Obviously this issue needs to be addressed otherwise, as you say your self, this will lead to discrimination.*

*I shall encourage parents to write in on this issue, as the growing pressure on parents to accept vaccination is becoming intolerable.*

*It is not only followers of Steiner philosophy who question vaccination. There is an increase of awareness emerging at all levels of society, including health professionals. Even doctors who voice concerns and reservations can come under attack from colleagues and feel isolated with their changing view.*

*Most parents would welcome good relations with their GP, but there are a growing number who feel that some GPs are becoming over-zealous in coercing parents into agreeing to the vaccinations on offer, simply to meet their targets. There is supposed to be a choice in this country, and yet the target scheme implemented does nothing to support this option, and therefore needs to be addressed.*

*If the DoH spends millions on purchasing the vaccines and then millions on incentive schemes for GPs to achieve high uptakes, then surely there would have to be an ABSOLUTE certainty that vaccines are TRULY beneficial. This, however, is highly questionable and as I said before, there are a growing number of individuals who share this view.*

*I personally have grave concerns that the increasing wide-range of conditions and disorders emerging over, at least, the last 50 years, are a direct result of varying degrees*

*of vaccine damage. These problems will not only cost the NHS further millions to monitor and treat, but they would have cost many individuals the chance to lead a full healthy life.*

*I shall be forwarding letters regarding the target scheme, and the problems it causes both GPs and parents, to the appropriate health ministers, and I shall let you know of any response. I have also enclosed some literature distributed by The Informed Parent regarding vaccination, which may be of interest.*

*I look forward to hearing from you soon.*

*Yours sincerely*

*Magda Taylor*

Please write on this issue to your local MP. You could also write to the following:

Alan Milburn - Health Minister

Yvette Cooper - Health Minister

Prof. Liam Donaldson - Chief Health Minister

Letters to the above 3 ministers should be sent to: Richmond House  
79 Whitehall, London, SW1A 2NS

Dr David Salisbury  
Principal Medical Officer  
Dept. of Health  
Wellington House  
135-155 Waterloo Road,  
London, SE1 8UG

Association of Community Health  
Councils of England & Wales  
30 Drayton Park, London, N5 1PB

### IAN SINCLAIR'S FORTHCOMING LECTURE TOUR

Ian Sinclair, author of 'Vaccination - The Hidden Facts', 'Health - the only immunity' and 'You can overcome asthma', will be lecturing in the UK at the end of October to mid-Nov.

Talks are being arranged at present and details will be published in the next issue.

I would be very interested to hear from anyone interested in setting up a talk in their locality! Please get in touch A.S.A.P. to discuss possibilities!!

Telephone Magda on:

**020 8861 1022**

You can leave a message on answerphone!



# MAKING DECISIONS ABOUT CONVENTIONAL MEDICINE

## CHOOSING CONVENTIONAL MEDICINE, OR NATURAL APPROACHES TO HEALTH CARE

Many parents are interested in complementary medicine, because we want to do our best to look after our children's health. Many of us are concerned about the possible problems associated with unnecessary drug use, yet we can be uncertain about how to choose between these approaches.

At the end of my last column I wrote that decisions about whether to use conventional medicines or homeopathic ones in treating our children are crucial to getting them off to a good start. The different medicines our children take can either support or undermine their immune system. Since it takes years for their immune systems to mature, it is even more crucial than it is for us adults that we think carefully about the pros and cons of drugs and vaccinations before giving them.

This means educating ourselves about the possible harmful affects of drugs so that we can make an informed decision about any risks we might be running in giving them. In some cases there may be few side effects and the effects of the medicine may be short term - in such cases we might be justified in using drugs occasionally.

I gave an example last month of my using Calpol for my son's fever. Calpol, made with paracetamol, has the same potential dangers as paracetamol - such as liver damage in the worst case. It also can cause or aggravate allergies or might compromise your child's immune system leaving them more sensitive to colds. The manufacturers information also cites bruising, which is bleeding under the skin - all of which doesn't inspire confidence.

However, in the heat of the moment when we see our child ill, we sometimes throw our caution to the wind.

Tristan has had three colds, two of which started with high temperatures where he was very hot, listless and at times moaning in pain. On one occasion I resorted to a dose of Calpol to relieve the pain he was obviously in,

which helped him get off to sleep. He was exhausted by the fever, and needed sleep. Sleep is the most healing thing our children can have when ill. I also desperately needed it because I was coming down with flu myself, and this influenced my decision. I was staying with a friend in Cornwall, and everyone around me was just recovering from last winter's nasty flu, so I didn't have any help with caring for my son, who wanted to be held all day and all night.

Homeopathic remedies are not painkillers. They do work to reduce pain naturally as the inflammation is being treated by the homeopathic medicine. But in a situation where the fever had been going on for a couple of days and my son was exhausted but unable to sleep from the pain, I decided to run the risk of the toxic effects of giving Calpol, for the immediate relief of pain.

I didn't measure Tristan's temperature, because I find that the general state of a child is the most reliable indicator of the intensity of their symptoms. A child who is bright and energetic in spite of a fever doesn't need any medication - either allopathic or homeopathic -

regardless of the thermometer reading. Young children can usually tolerate higher fevers than adults, and it's not uncommon for children to have a fever of 104 degrees.

Calpol can bring down the temperature but as it does nothing to reduce inflammation it is useless for the other symptoms associated with fever - which are those that are making your child feel uncomfortable. Since fevers are usually associated with teething, the onset of a cold, sore throats or ear infections taking an analgesic (pain-killer) which doesn't treat the cause of the fever is virtually useless. All these symptoms respond well to homeopathic remedies.

Tristan's fevers responded well to a few doses of the homeopathic remedy Belladonna, in the 30th potency. I have also given him Bryonia in the 30th potency, for a dry hacking cough, and Pulsatilla 6 when he has sounded very rattly with accumulated phlegm.

With the help of these remedies he recovered without the lingering cough everyone else had.

Remember that a fever is actually a healthy immune response to dealing with infections. A rise in temperature may be enough to wipe out micro-organisms before they proliferate enough to cause full-blown illness - which is why some children just get a temperature for a couple of days and then seem absolutely fine again. I certainly didn't worry about the fever for the first few days my son was ill, and I didn't treat him with homeopathic remedies either. It was only when he became listless and very uncomfortable that I decided to use the Calpol, and then treat him with homeopathic remedies.

Generally it is true that the less medication you give your child the better. In many cases homeopathy provides gentler, safer alternatives to treatment with conventional medicines. Mild ailments such as fevers, flu, coughs and colds, sore throats, earaches and the contagious childhood illnesses like chicken pox can be treated at home safely and effectively using homeopathy.

I have treated a number of young children in the last few years who have been covered with a chicken pox rash. the remedy I have found most effective to help with the sometimes intense itching associated with the blistering spots is Rhus Tox. Most children respond well to taking this remedy in a 6x potency three or four times a day, until the blisters start scabbing over. A mother brought her little girl to see me recently because her daughter had loads of spots and some of them were quite deep. She was anxious about the skin scarring, which looked possible to me because some of the spots were like little craters which had filled with yellow pus. I gave her Silica 6 potency because it is a remedy which helps the skin to heal after any infection. Homeopaths often treat boils, abscesses and acne with this remedy, if the person appears to be a Silica 'type'. Silica children are usually very sensitive and socially shy.

Calendula helps with the healthy granulation of scar tissue, so it's good to use Calendula cream on healing spots.

I'll give you another example of an

**By  
homoeopath,  
Cassandra  
Marks Lorius**

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infection which responds well to homeopathy. My son recently caught conjunctivitis from my partner (unusual for a child to catch it from an adult). Whereas I know of other mothers and anxious patients who have resorted to antibiotic eye drops, I decided to give him a dose of Pulsatilla 200. I noticed that the white of one eye was looking a bit red, and the next morning Tristan woke up with his right eye glued together and both lids so puffy they were swollen out like a golf-ball. It took me several minutes to unstick his eye with tepid water to which I had added a few drops of Euphrasia tincture. The common name of Euphrasia is eye-bright, and it has long been used as a herbal remedy for inflammatory conditions of the eye. Homeopaths use it to bathe the eye in conditions like conjunctivitis, hay fever (when your eyes are very irritated) and styes. The usual concentration is 5 drops to half a cup of water, which you can use to swab the eye using cotton wool, or as an eye-bath.

The remedy Pulsatilla is often very effective for children with conjunctivitis, especially if they become a bit clingy and whiny, as so many children do when ill. It helps problems that come on after a cold - for instance, earaches that come on after your child has had a runny nose for a while. The earache is usually due to the Eustachian tube being congested just as their nose is full of catarrh, and that leads to an ear infection. In this situation Pulsatilla works as well or better than antibiotics - without damaging your child's immune system.

In Tristan's case, he was still on the tail end of a cold, which was partially why I chose to give him Pulsatilla. By the time I got home from work five hours later, the swelling of his eyelids had gone down. I still had to clear out a lot of pus over the afternoon, but the next morning there was no further swelling and his eye was less glued up. The conjunctivitis had spread to the other eye but it seemed quite mild, and by the next morning it had virtually cleared up. For a nasty case of conjunctivitis to clear within 3 or 4 days is very quick.

Homeopathic remedies usually shorten the natural cycle of infections and illnesses and protect your child

from more serious complications. The fact that you are not using conventional medicine means you are also avoiding the risk of side-effects from drugs.

Some ailments must be dealt with by conventional medicine, with the back up of the services only a hospital setting can provide. Illnesses such as meningitis, and acute asthma are examples of the kinds of illnesses that need prompt medical attention. Even here however, there is no harm in using homeopathic remedies while you are waiting for medical attention, or on your way to the hospital. Remedies like Belladonna and Hyoscyamus have a good track record in treating meningitis, although we are not allowed to advertise this fact. Remedies like Arsenicum or Bryonia have been proven very effective for acute attacks of asthma, averting the need for intensive courses of steroids in many cases.

One little girl I have been treating recently suffers from eczema as well as asthma. During the hayfever season her asthma tends to be worse, because her immune system is overloaded with the substances she is allergic to (called allergens) and her histamine levels are high - the substance that is secreted by the body in an attempt to deal with the allergens.

Although she requires a different remedy in order to strengthen her constitution (this is what homeopaths call constitutional treatment) so that she is not so sensitive to allergens, whenever she has an attack, Arsenicum 30 every hour helps her catch her breath and stabilises her chest condition. This has undoubtedly saved her a number of hospital visits and courses of steroids which are used in an emergency because they suppress the body's inflammatory response.

The conclusion I have come to, and the advice I would give other parents, is to try a homeopathic approach before resorting to conventional medicine, unless you are particularly worried about your child's general condition. If your child seems very ill - extremely floppy, drowsy or in a lot of pain you should seek emergency medical help.

*Cassandra Marks Lorius, RSHom is available on Thursdays and Saturdays at North End Practice, 8a Burghley Road, NW5. Tel 020 7485 9362*

## OUTBREAK OF ASEPTIC MENINGITIS ASSOCIATED WITH MASS VACCINATION WITH A URABE-CONTAINING MMR VACCINE

*Taken from: American Journal of Epidemiology, Vol 151, No. 5, 2000*  
SUMMARY

A mass immunisation campaign with a Urabe-containing MMR vaccine was carried out in 1997 in the city of Salvador, NE Brazil, with a target population of children aged 1-11 years.

There was an outbreak of aseptic meningitis following the mass campaign. Cases of aseptic meningitis were ascertained through data collected from the records of children admitted to the local referral hospital for infectious diseases between March and October of 1997, using previously defined eligibility criteria. Vaccination histories were obtained through home visits or telephone calls. 87 cases fulfilled the study criteria. Of those, 58 cases were diagnosed after the vaccination campaign. An elevated risk of aseptic meningitis was observed 3 weeks after Brazil's national vaccination day compared with the risk in the prevaccination period (relative risk = 14.3; 95% confidence interval; 7.9, 25.7). This result was confirmed by a case series analysis (rr = 30.4; 95% confidence interval: 11.5, 80.8).

The estimated risk of aseptic meningitis was 1 in 14,000 doses. This study confirms a link between MMR vaccination and aseptic meningitis.

The authors discuss the implications of this for the organisation and planning of mass immunisation campaigns. *AMJ Epidemiol* 2000; 151: 524-30

*Editor: Two brands of Urabe-containing MMR vaccines (Pluserix & Immravax) were withdrawn from the UK in 1992 because of aseptic meningitis, so WHY was it being used in this 1997 Brazilian campaign?*

*The above paper states that the MMR vaccine used in Salvador was the Pluserix vaccine supplied by SmithKline Beecham Pharmaceuticals, London, UK. The authors of the paper also state that 'this study raises new practical questions regarding public health. The issue is not simply whether or not a specific vaccine is associated with an adverse event, but the extent to which a specific vaccination strategy influences the visibility (our emphasis) of the adverse event despite its confirmed relative rarity, and hence affects public confidence.'*



# CONCERNS ABOUT IMMUNISATION

Taken from: *BMJ* 2000; 320:240-243  
(22 January, 2000)

The *BMJ* published an article 'Concerns about immunisation' by Dr David Elliman, a consultant in community child health and Helen Bedford, a senior research fellow at the Institute of Child Health. (See also 'Which? Report' article on page 3)

The article looks at the 'success' of the immunisation programmes, efficacy and safety of vaccines, contraindications to vaccines and alternatives.

The authors conclude that: 'Overwhelming evidence shows the benefits and safety of routine childhood vaccination. Many parents, however, worry about the risks from some vaccines. Although this concern is mistaken, these are genuine worries and should be treated seriously and sympathetically. Health professionals have a responsibility to provide parents with accurate information on which to base their decisions.'

Elliman and Bedford also claim that: 'Despite, or perhaps because of, the success of the immunisation programme in the UK a vocal minority of parents have cast doubt on the wisdom of having their children immunised, particularly with the MMR vaccine.'

I'm not quite sure why these authors feel that a small group of parents would deliberately condemn vaccination simply because of its 'so-called' success? Most parents have extremely busy lives being parents, so why on earth would they spend their precious time condemning something just to be disagreeable?

However, the point I would like to focus on particularly in this article is a statement that is often quoted regarding the homoeopathic position on vaccination. This article, along with the Dept. of Health book 'Immunisation against infectious disease' states that The Faculty of Homoeopathy supports the immunisation programme. Elliman and Bedford even comment that 'Hahnemann, the founder of homoeopathy, was a supporter of smallpox vaccination.'

One interesting response, entitled 'Vaccines - cause celebre or bete noir?', was sent in from Peter Morrell, Hon Research Associate, History of Medicine, Staffordshire University. Reproduced here are some extracts from his lengthy response.

...'It is not true that all homoeopaths, at all times, have supported vaccination. Far from it. In fact, the majority of them have had profound difficulty in accepting this technique.

Nor is it true that the Faculty of Homoeopathy represents anything more than a minority of medically qualified doctors, who until the 1970s never amounted to more than 300 practitioners in the UK.....

It is only recently, within the last 20 years or so, that the Faculty had adopted a pro-vaccination stance. I suspect it is an attempt to draw them closer to mainstream medicine, by reducing areas of conflict and friction. Moreover, the Faculty had previously adopted a very different attitude on this issue. It was strongly influenced by the views and techniques of the American homoeopath, Dr James Tyler Kent, from about 1903 until well into the 1970s. Moreover, his metaphysical, anti-bacterial and anti-vaccination views of homoeopathy can be very clearly judged from his writings:

- "The tendency for the human mind to run after the visible, that can be felt with the fingers, leads one to adopt foolish theories like the Bacteria doctrine and the molecular theory."

- "The microbe is not the cause of disease. We should not be carried away by these idle allopathic dreams and vain imaginations, but should correct the Vital Force."

- "It is not from external things that man becomes sick, not from bacteria nor environment, but from causes within himself." (All quotes from Kent's Aphorisms)

Thus, it is quite simply untrue that homoeopaths accept and endorse vaccination. At its best, it is regarded as a crude example of the 'law of similars', and it is probably that viewpoint which Hahnemann had in mind when he made approving comments about Jenner and cowpox in the 1790s. These authors have chosen deliberately to give a highly simplistic and misleading impression of the view of most homoeopaths towards vaccination.

"The homoeopathic opposition to the use of vaccines has its roots in the work of Dr James Compton Burnett, who was the first to conceptualize that a vaccine....could cause a deep-seated illness, vaccinosis...treatable by the use of homoeopathic remedies...so the homoeopath, since before the turn of

the century, has viewed vaccines as inherently dangerous to the human economy." (Winston, 1999, pp247-8)

The 'law of similars' was not originally conceived by Hahnemann; it was mentioned by the early Greeks and Galen and used extensively by Paracelsus and the English physician, Thomas Sydenham (1624-1689). In a crude form, it also manifested in the vaccination experiments of Edward Jenner (1749-1823). It is a remarkable fact of history that Jenner's first experiments with cowpox in Dorset in the summer of 1796, coincided with Hahnemann's publication of his *Essay On a New Principle*, both concerning the 'law of similars.'

Hahnemann refers positively and at length to Jenner's experiments with cowpox in paragraph 46 of his *Organon* (mentioned by Wolff, p240, and by Rothstein, p157), which can be viewed online at:

<http://www.homeopathyhome.com/reference/organon/organon.html>

However, we should treat these comments with some caution, firstly, because Jenner was an early medical experimentalist, like Hahnemann, an approach he greatly admired, and which must have predisposed him towards Jenner's work; secondly, though vaccination is a crude example of the law of similars, it also contravenes the individualisation of disease symptoms, which is so central an impulse within homoeopathic philosophy:

'...cure is always individual, in the concrete case or patient, never in the generalised disease; and that such a thing as a specific cure for a disease does not, and, in the nature of things, cannot exist, since no two cases of the same disease, are ever the same.' (Close, 1924, p94)

I thus fail to see how Hahnemann today could approve of the widespread and routine immunisation of all children.'

Peter Morrell, 24/1/2000

e-mail: [pmorrellsc@stokecoll.ac.uk](mailto:pmorrellsc@stokecoll.ac.uk)

*Editor: In Issue 1-2000 I gave details of the homoeopathic organisations in the UK. Apart from The Society of Homoeopaths (Tel 01604 621400) and The British Homoeopathic Association (Tel 020 7935 2163). There is also The UK Homoeopathic Medical Association (Tel 01474 560336).*

*All three can provide lists of registered local practitioners, who are fully qualified homoeopaths.*



## EXPRESS LAUNCHES NEW CAMPAIGN FOR VACCINE-DAMAGED CHILDREN

The Daily Express launched a campaign on vaccine damage and published daily on various aspects of this issue.

An article covering 4 pages of the Daily Express, including front page headlines, was published on May 16 and looked at the inadequate compensation awarded to the 'victims of a war fought against disease on behalf of us all...' The article featured a number of cases and also how many families do not receive a penny because the damage has to be at least 80% otherwise they are not eligible.

The 'Opinion' column commented on this situation also, including statements, such as: 'the innocent victims of a remarkable and successful programme to stamp out illness' and 'the success of the immunisation programme is obvious'. This was followed by an example, quoting the mortality and morbidity of whooping cough in the 1950s and then comparing them with figures in the 1990s.

Obviously anyone who has studied the decline in disease would know this to be very misleading to the public.

Reproduced here is a letter sent to the 'Letters page' of the Express by Ian and Monique Stirling. Unfortunately, it didn't get published so I have published it in here instead!

Dear Sir

Your campaign for realistic compensation for vaccine-damage to children is admirable. However, here are a few extra thoughts on the subject:

1. For every child whose disabilities have been recognised as due to vaccine damage, just how many have not been recognised? How many have been damaged to a minor extent, enough to cause them learning difficulties, or behavioural problems?

2. And if these accidents were a sacrifice for the protection of the community as a whole, it might be acceptable to sacrifice a few children to save millions. However, any such need is very doubtful, when one examines statistics that are used in an honest

manner, and take into account all relevant factors. Such study has led us to believe vaccination has never been the cause of the undoubted regression of infectious diseases. It takes courage to admit this.

3. Deliberately injecting poisons into a child's bloodstream (bacteria and viruses from diseased animals, formaldehyde, aluminium phosphate, mercury compounds such as thiomersal) no less than 18 times in early childhood, is asking for trouble, and is accepted by parents only because the doctors tell them they are 'immunising their children' by producing antibodies against diseases that are more dangerous than the vaccines concerned.

4. They totally ignore the fact that such diseases have been reduced by about 90% before the mass vaccination campaigns started, which then steal the credit from improvements in hygiene, housing and diet, to which the credit really belongs. How is it that scarlet fever, once a worse menace than smallpox, has disappeared without any vaccination at all?

Yours sincerely.....

## DRUG FIRMS DEFY PAY-UP CALL

*As part of the Daily Express's excellent campaign on vaccine-damage they also published the following article (18/5/00):*

Drug companies have defied Government calls to spend a small portion of their huge profits helping children permanently disabled by their vaccines.

The Daily Express this week launched a campaign for proper compensation for hundreds of children left brain-damaged and paralysed after suffering adverse reactions to routine vaccinations.

Health Minister Yvette Cooper and Social Security Minister Hugh Bayley recently met pharmaceutical industry representatives, asking them to contribute to the compensation scheme or devise a new one. Details of the meeting remain secret. But the manufacturers have said they do not accept any responsibility.

Richard Ley, of the Association of British Pharmaceutical Industries, said: "The Government implemented the vaccination programme knowing in full detail what the possible side-effects were. "It knew what it was taking on. The damage is therefore its responsibility and it should compensate people accordingly."

SmithKline Beecham, one of the largest vaccine manufacturers, made £1.98 billion last year. Its world-wide sales of vaccines

were worth £779 million. Yan Leschly, the company chief executive who retired last month, was paid £2,188,000 last year. Another major vaccine manufacturer, Celltech, last year made £42 million profit. Its chief executive Dr Peter Fellner, 56, earned a salary package, including pension, of just under £500,000.

In contrast, parents of brain-damaged children can claim a one-off £40,000 Government payment. Only children who are 80% or more damaged are entitled to this. Four out of five families get nothing. Campaigners say Britain should adopt a system similar to the US compensation scheme, in which manufacturers pay a small tax on every vaccine produced. The money generated goes towards the care of damaged children. Under the scheme £700 million has been given to US families since 1988.

Awards range from £75,000 to £4.7 million. There is also a capped rate of £160,000 for those children who have died. In contrast only two families in Britain have been awarded payments of £20,000 after their children died. Many others are waiting for decisions to be made. Jackie Fletcher, of pressure group JABS, said: "Drug companies have a duty to pay into the vaccine damage scheme. They are

not financially harmed either way. They profit from the vaccines and ironically from the victims because they produce the anti-convulsants and painkillers these children need."

The Express also urged the public to write a letter to their MPs at the House of Commons, SW1A 0AA, saying what they think about the treatment of people brain-damaged by vaccinations.

A 3-year review of the controversial Vaccine Damage Payments Act was due to report soon, following a veto from the Treasury and Dept. of Health on proper compensation. But the Daily Express campaign has rung alarm bells at No.10 and the fact that Tony Blair will now want to be personally satisfied with the review conclusions could well force a last-minute U-turn by hostile ministers and officials. If enough MPs receive enough letters and pass on their concerns to Mr Blair, the Government might begin to understand that it cannot get away with the current, scandalous treatment of those who have been so badly treated by society for so many years.

*Editor: I would just urge you all to write letters of concern to the appropriate people on this issue! As I have said before, letters can really make a difference if enough of us write them!!!*



## DO VACCINES WORK AND ARE THEY SAFE?

*Extracts from:*

*Dr Vernon Coleman's Health Letter,  
Vol 4 No 1, Aug 1999*

Most doctors and nurses genuinely believe that vaccines have helped wipe out some of the deadliest infectious diseases. Many members of the medical profession would put vaccination high on any list of great medical discoveries. The perceived value of vaccination is so great that even though I have, for many years, been a vociferous critic of some specific vaccines I have up until now always been reluctant to damn all vaccination programmes as worthless and dangerous.

The mythical power of vaccination programmes has for years constantly been sustained by governments, and bodies, such as the World Health Organisation announcing, apparently with complete conviction, that such and such a disease will be eradicated when the relevant vaccination programme has been completed.

The principle behind vaccination is a convincing one.

The theory is that when an individual is given a vaccine - which consists of a weakened or dead version of the disease against which protection is required - his or her body will be tricked into developing antibodies to the disease in exactly the same way that a body develops antibodies when it is exposed to the disease itself.

But in reality things aren't quite so simple. How long do the antibodies last? Do they always work? What about those individuals who don't produce antibodies at all? Vaccination, like so much of medicine, is a far more inexact science than doctors (and drug companies) would like us to think.

Vaccination is widely respected by doctors and others in the health care industry because of the assumption that it is through vaccination that many of the world's most lethal infectious diseases have been eradicated. But this simply isn't true. As I have shown in many of my books infectious diseases were conquered by the provision of cleaner drinking water and better sewage facilities. The introduction of vaccination programmes came along either just at the same time or later when the death

rates from the major infectious diseases had already fallen. There really isn't any evidence to show that vaccination programmes have ever been of any real value - either to individuals or to communities.

### FLAWS AND MYTHS

The whole business of vaccination is riddled with flaws and myths.

Here are just a couple of the most obvious ones.

First, vaccines simply aren't very effective. Much to the annoyance of doctors and drug companies, viruses and other organisms don't just sit still and remain the same for year after year. They are constantly changing. And new organisms are being formed all the time. Attempts to prevent influenza by giving flu jabs are, in my view, utterly futile. Every year scientists, drug companies and doctors enthuse about the latest anti-flu vaccine. But each year's new vaccine is based on last year's brand of flu. And it will not necessarily provide any protection against the latest flu bug.

While your doctor is busy jabbing you and your family with the latest vaccine a new flu bug is probably on its way from China, Australia or South America. The result is that vaccines are, at best unpredictable and at worst utterly ineffective.

During outbreaks of whooping cough around half the victims are people who have been vaccinated. (At least one important study has shown that whooping cough epidemics mainly occur among children who have had the full vaccination course.) Research from Sweden and Italy has shown that the whooping cough vaccine is effective in 48% and 36% of those to whom it is given. Hardly reassuring when one considers the risks involved. Measles vaccines are similarly often ineffective. In an attempt to cope with this doctors usually simply suggest giving booster shots. Naturally, this has nothing whatsoever to do with the fact that abandoning the vaccine would damage drug company (and doctor) profits whereas giving booster shots would increase drug company (and doctor) profits.

Measles used to be a relatively mild disease that usually affected children.

Today it seems to be a more serious disease which often affects young adults. Measles is now a significant disease among college students who have been vaccinated against it. (Incidentally, there is now some evidence to suggest that trying to stop children getting the typical childhood infections isn't a good idea for another reason. It seems possible that children who don't get many infectious diseases in childhood may be more likely to develop cancer later in life. The explanation for this is that those childhood infections help the immune system to develop.)

Failure rates with other vaccines are also high. There is much evidence to show that the polio vaccine may fail (some outbreaks of polio seem more likely to affect the vaccinated than the vaccinated) and one study showed that a vaccination given to protect against meningitis increased a child's risk of contracting the disease by five times. Other studies have shown that vaccine increases susceptibility to complications.

The vaccine against tuberculosis has been estimated to be effective between 0% and 80% of the time. (The Heaf test which is used to measure tuberculin sensitivity can be something of a mystery. False negatives and false positives are possible. A positive test could mean that the patient is allergic to the test, has had a TB infection or is immune to TB. Take your pick.) Second, the side effects which may be associated with vaccines are invariably worse than those who give and enthuse about the vaccines are prepared to admit. There is no such thing as an entirely safe vaccine. There are today more people in Germany suffering from vaccination damage than there are people suffering from AIDS. (This is probably true for most other so called 'developed' countries.) The amount of money being wasted on AIDS research runs into billions of any currency you like to name. (I am not saying that research into this disease is inevitably useless but that the research which is being done is probably useless.) The amount of money being spent on studying vaccine damage is approximately nothing.

Some side-effects are relatively mild but nevertheless inconvenient. For



example, the flu jab regularly causes symptoms which are virtually indistinguishable from flu itself. Other side effects may be crippling. For example, the side effects which may be associated with the whooping cough vaccine can cause serious, life long damage.

For over two centuries doctors have persisted with vaccination programmes despite the fact that there has never been any convincing evidence to show that they work or, indeed, are safe. Moreover, to their eternal shame, doctors have consistently refused to debate the issue of vivisection and have done everything they could to prevent the public discovering the truth about an activity which has been extremely profitable both for the medical profession and for the drugs industry.

In the 1970's, when I wrote extensively about the hazards of specific vaccination programmes (particularly the whooping cough vaccine), I was widely blamed by doctors and politicians for the fact that many parents were refusing to have their children vaccinated. My only weapon against the propaganda techniques employed by the government was the truth. At the time I was writing a syndicated newspaper column which appeared in a number of local newspapers. Time and time again doctors put pressure on local newspaper editors to encourage them to drop my column on the grounds that by printing the facts about the whooping cough vaccine (as far as I know, no one ever disputed the accuracy of the facts I printed) I was threatening the safety of the nation!

#### YET MORE FLAWS AND FAILURES

Evidence that vaccines may do more harm than good is supported by experiences with animals. Between 1968 and 1988 there were considerably more outbreaks of foot and mouth disease in countries where vaccination against foot and mouth disease was compulsory than in countries where there were no such regulations. Epidemics always started in countries where vaccination was compulsory. This experience clearly shows that the alleged advantage to the community of vaccinating individuals simply does not exist.

Similar observations were made

about the hyena dog, which was in 1989 threatened with extinction. Scientists vaccinated individual animals to protect them against rabies but more than a dozen packs then died within a year - of rabies. This happened even in areas where rabies had never been seen before. When researchers tried using a non-infectious form of the pathogen (to prevent the deaths of the remaining animals) all members of seven packs of dogs disappeared. And yet the rabies vaccine is now compulsory in many parts of the world. Is it not possible that it is the vaccine which is keeping this disease alive?

Horses are regularly and repeatedly vaccinated with a whole range of vaccines. Some vets now believe that these vaccinations damage the immune systems of the animals concerned (though most vets, like most doctors, are frightened to speak out and attack vaccines).

Similarly, what evidence is there to show that the many vaccines given to family pets are of value - other than to the companies making the vaccines and the vets giving the jabs? Those who eat meat should be aware that cattle (and other animals reared for slaughter) are regularly vaccinated. The meat that is taken from those animals may, therefore, contain vaccine residues in addition to hormones, antibiotics and other drugs.

#### THE BOTTOM LINE

I have for decades argued that some vaccines may be unnecessary and/or even potentially dangerous in some circumstances, and may sometimes be promoted too enthusiastically by both politicians and doctors. Tragically, many doctors seem to know very little about the vaccines they advocate. In my view, if a doctor wants to vaccinate you or a member of your family you should insist that he confirm in writing that the vaccine is both entirely safe and absolutely essential. You may notice his enthusiasm for the vaccine suddenly diminish.

The first vaccine which really attracted my attention was the whooping cough vaccine. For years now whooping cough has not been a major killer disease - not, at least, in most westernised, developed countries and for many years I have believed - and publicly argued - that the number

of children allegedly brain damaged by the vaccine has, during the last decade or two, probably exceeded the number allegedly killed by the disease itself.

Many readers who have tried to discuss vaccines with their doctors have complained that their physicians simply insist that the whooping cough vaccine is perfectly safe and won't even discuss it with them. I firmly believe that all parents should be told the facts so that they can make up their own minds about the value of any vaccine. Deciding whether or not to have a child vaccinated is a big decision. It isn't something to be done lightly. The wrong decision can easily lead to a lifetime of regrets. Sadly, however, one big problem is undoubtedly the fact that many doctors simply don't know very much about the safety or effectiveness of vaccines. They know what the government tells them and they may know what the company which makes the vaccine tells them. But I don't trust governments and I don't think that drug companies are always the best source of unbiased information about effectiveness and safety.

In my view all parents should have the right to decide whether or not their child has any vaccine. They should not just be told by their doctor that they must accept his assurance that the vaccine is perfectly safe and completely essential.

'My doctor implied that I was just being stupid when I said I wasn't sure that I wanted my child vaccinated,' complained one reader. 'His attitude was that it had nothing to do with me and that I should just allow him to do whatever he thought best.'

'My wife came home crying,' complained another reader. 'She had had the temerity to question her doctor about vaccination. He told her that if she refused to have our child vaccinated he would call in the social workers since in his view our refusal to allow vaccination made us unfit to be parents. What really upset me is that my wife hadn't refused to have our child vaccinated. She just wanted to talk about it.'

This paternalistic attitude seems strong among doctors and other health workers, most of whom seem to prefer to answer any questions with abuse



rather than facts.

I believe that all parents should make up their own minds about whether or not to have their children vaccinated. Before you allow your doctor to vaccinate your child (or you) ask your doctor some questions. Essential questions to ask include:

\* How dangerous is the disease for which the vaccine is being given?

\* How effective is the vaccine?

\* How dangerous is the vaccine?

\* Which patients should not be given the vaccine?

And, finally, as I said earlier, I advise patients to ask doctors to give them written confirmation that they have personally investigated the risk-benefit ratio of the vaccine and that, having looked at all the evidence, they believe that the vaccine is safe and essential for the particular patient. How could any doctor object to signing such a confirmation?

I cannot give you specific advice about whether or not you should have your child vaccinated against whooping cough, measles or any other disease. It would be dangerous and irresponsible for me to try to offer you specific advice because we are all different and circumstances change from day to day.

My own personal view is that vaccines are unsafe and worthless. I will not allow myself to be vaccinated again. Readers of VCHL must, however, make their own judgements based on all the available evidence. I strongly recommend that anyone contemplating vaccination discuss the issue with their own medical adviser.

The bottom line is that infectious diseases are least likely to affect (and to kill) those who have healthy immune systems. I no longer believe that vaccines have any role to play in the protection of the community or the individual. Vaccines may be profitable but, in my view, they are neither safe nor effective. I prefer to put my trust in building up my immune system.

Dr Vernon Coleman's Health Letter has a website:

[www.vernoncoleman.com](http://www.vernoncoleman.com)

For details on book titles by  
Dr Vernon Coleman, telephone

01271 328892

## MULTI-MEDIA

Over recent months there has been a multitude of vaccination articles featured in the media.

Here are a few samples of the headlines and a brief outline of the articles.

**MEASLES JAB: NEW LINK TO BRAIN DAMAGE** - Front page, The Mail on Sunday, 9/4/00, and U.S. OFFICIALS TO LAUNCH STUDY OF MMR SAFETY- Pulse, 22/4/2000, both reported on the new evidence regarding the MMR jab and autism.

Dr Wakefield and Prof. O'Leary presented their research, under oath, to a US Congress committee, during a six-hour session.

Professor Brent Taylor, professor of community child health also at the Royal Free, outlined his research in 498 autistic children, published in The Lancet last year, showing no relation between vaccination dates and onset of the condition.

However, according to Pulse, 'Prof. Taylor and Dr Wakefield clashed over the availability of their raw data and Dr Wakefield issued an open invitation to scientists to visit his laboratory to observe his working methods.

Republican and Democrat leaders of the committee also argued over the evidence after the committee's chair, Republican representative Dan Burton, revealed that he believed his granddaughter may have contracted autism from a vaccine'.

The Mail on Sunday, 16/4/00, published a number of letters applauding their coverage of the MMR link with autism. Eg.

Words cannot express my gratitude, as the parent of 2 children injured by the MMR vaccine, for your brave article - and for the work of Dr Andrew Wakefield and fellow sufferer Rosemary Kessick: brilliant, honest and caring people.

*K Yazbak-Chartier*

**FEARS OVER 'SECRET' MMR JABS REPORT** - The Mail on Sunday, 14/5/00, reported on renewed controversy after the Dept. of Health refused to release a report claiming to show that the MMR is safe. According to the Mail, health minister Yvette Cooper had 'told the Commons that it was not usual for third parties to re-analyse such data.' The US congressional

committee had asked for a copy of Prof. Brent Taylor's full study, including unpublished data.

**GULF WAR VACCINES AND STRESS 'LED TO ILLNESS'** - London Evening Standard, 18/5/00. Reported on evidence that was presented regarding Gulf War syndrome. The study showed that those soldiers who received more than five vaccines in the desert were five times more likely to become ill, years later, than those who had been vaccinated before they were deployed or who had had no jabs at all.

Researchers believe the stress of war, combined with multiple jabs could have put the immune system under intolerable strain. The soldiers had had jabs against conditions including anthrax, plague, whooping cough, tetanus, cholera, polio, yellow fever and typhoid. However, Dr Shaheen, a BMJ epidemiologist said the evidence was inconclusive and unproven.

**WE NAME BSE-THREAT VACCINES FOR CHILDREN** - The Daily Express, 2/5/2000

'Five vaccines potentially at risk from BSE and given to millions of children can be identified for the first time by the Daily Express.

But alarmingly there is no record of which children received the jabs, produced between 1988 and 1989, at the start of Britain's "mad cow" crisis. ....The five vaccines are Smithkline's MMR Measles, Mumps, Rubella), finally replaced "by end of 1992 approximately": Wellcome's combined Diphtheria and Tetanus, last issued by the company in June 1991, with a June 1993 expiry date: DTP (Diphtheria, Tetanus, Pertussis) last issued again in June 1991, with a Nov. 1993 expiry date: singly component Diphtheria vaccine, last issued in October 1991, with a Nov. 1993 expiry date; and Tetanus, last issued in December 1991, with a Dec. 1993 expiry date.

The Lib-Dems' Mr Baker said: "The Department of Health was potentially criminally negligent in not requiring the immediate withdrawal or cessation of use of vaccines from potentially contaminated sources.'.....

....."It is beyond belief the Department should not even have monitored those who were injected, and is now trying to sweep the whole thing under the carpet."



# YOUR LETTERS

## One parent wrote...

...We decided not to have our youngest son immunised with any of the baby vaccinations and have declined our eldest son's meningitis C vaccine. I was quite surprised at our GP's response (after being told by the health visitor that I am putting the rest of the community at risk).

The GP queried our decision and raised some half-hearted objections, but after telling her we plan to build-up the children's immune systems, and are 'going organic', resisting medical intervention during illness and looking into homœopathic treatments, she changed her opinion. She said we were 'probably doing the right thing' and that 'it's a pity more people don't respect their immune systems!' I came out completely flabbergasted - and for different reasons than I'd expected!!

## Another parent writes

...I have now successfully nursed four

children through measles, and one through whooping cough - none were left with any long-term problems. Should a parent wish to talk to someone who has experienced these illnesses in children I would be happy to do so. I have used homœopathy to support my children's health in the last 13 years, but my first child had both measles and whooping cough without such help. Incidentally when she had whooping cough in 1981 I knew many parents with vaccinated children who contracted the disease and fared worse than my unvaccinated child.

Judy Cooper, Tel: 01275 859120

## One subscriber wrote.....

I would like to inform readers that I have friends and homœopathy patients who have been offered the BCG vaccine for their new born children.

They were not told of this during pregnancy, they all come from different parts of London and were given different reasons for having it, eg.

travelling abroad to immigrant population.

So if readers know people who are pregnant you could advise them to find out now whether or not they will be offered the BCG vaccine by their health authority. Then they can make the decision now rather than their post natal stage for such an early vaccine.

## Comment from a former health visitor.....

'You may be interested to know that while working as a health visitor I experienced 2 sudden deaths on my caseload - one a baby, within 12 hours of DTP immunisation, and the other a young man of 28 years old, who died in the night following a flu jab.

I am aware this could be coincidence but it made an impression on me - especially the GP's most unscientific assertions that "there could not possibly be a connection" immediately after each death.

# TIME TO SWITCH FROM WHOLE CELL TO ACCELLULAR PERTUSSIS VACCINES?

Taken from: BMJ, Vol 320, 25/3/2000

To BMJ Editor - In a letter to all doctors last December the chief medical and nursing officers and pharmacist announced that triple vaccines against diphtheria, tetanus and pertussis containing acellular pertussis would, for the first time, but only temporarily, enter routine use for infants in the United Kingdom. Difficulties in obtaining supplies of triple vaccine containing whole cell pertussis during 1999 seem to have precipitated this decision.

We found a much lower rate of febrile reactions in infants in the United Kingdom given triple vaccine combined with vaccine against Haemophilus influenzae type b when the pertussis vaccine was acellular rather than whole cell: both groups were given injections at 2, 3 and 4 months. In November last year new data from Canada showed a noticeable reduction in more serious reactions to pertussis vaccine in infants after switching from whole cell to acellular vaccine. New combined formulations including vaccine against meningococcus group C and hepatitis B,

pneumococcal conjugate vaccine, and inactivated polio-virus will certainly be based on or tested alongside triple vaccine containing acellular pertussis. As in its use of oral polio vaccine, the United Kingdom is becoming increasingly isolated among its European neighbours in its routine use of whole cell pertussis vaccine. Health professionals and the public may also become confused and uncertain about the comparative merits of the whole cell and acellular preparations currently being used alongside one another.

We believe that the time has come in the United Kingdom to use acellular pertussis vaccines as the basis of the complex infant immunisation schedule of the future.

Adam Finn & Frank Bell

*Competing interests:* This group has received research funding from vaccine manufacturers including Pasteur Merieux and SmithKline Beecham, which manufacturer the acellular triple vaccines currently in use. Dr Finn has received reimbursement for attending symposiums, fees for speaking, and funds for research. He has done consultancy work for SmithKline Beecham.

# MANAGING INFECTIOUS DISEASES IN CHILDREN

Small extract taken from: Masterclass, Pulse, 25/3/2000. GP Dr Myers interviews consultant Dr O'Callaghan.

Since the advent of MMR some younger GPs may never have seen a confirmed case of these diseases. With the legal requirement to notify measles, mumps and rubella, what should we do if we are not sure?

Measles in particular is overdiagnosed. I have not seen a case for three years, yet a lot of people say their children have had measles even though they have had the MMR. (Our emphasis) If you suspect measles, then ideally, the diagnosis should be confirmed by taking a cheek swab for salivary IGM antibody. If this is not possible, it is still best to notify, for epidemiological reasons.

We can actually identify only a tiny number of viral exanthemata (disease characterised by skin rash) and on the whole a diagnosis is not important as they are self-limiting conditions.

Some common misdiagnoses of measles are fifth disease and sixth disease. Fifth disease, (slapped cheek virus) is caused by parvovirus and the child is normally quite well and does not need to be excluded from school.

Sixth disease (roseola infantum) classically presents as a maculopapular rash (rash that consists of both macules and papules) which appears after the temperature goes down.



# NOTICEBOARD

## mum2mum.com

mum2mum.com is a new website for mothers. It is a virtual meeting place for mums - somewhere to find news, exchange views, share worries, seek advice and have a few laughs too.

It will also be a platform on which to voice opinions, vote on important issues and campaign for the wellbeing of our children.

The site is designed by mothers, written by mothers, for mothers with children of all ages. We believe it is unique in the UK.

We aim to provide a comprehensive, up-to-date service on all aspects relating to children, motherhood and women.

For further details, please contact:  
Lynn Daly or Vicky Simmonds on  
01273 557678/563537  
Fax: 01273 380762/553990  
e-mail: editorial@www.mum2mum.com  
Address: mum2mum.com, PO Box  
3304, Brighton, East Sussex,  
BN1 6GT

## CAN YOU HELP?

Parents who have experienced dilemmas regarding MMR vaccination, what were/are your experiences and what conclusions did you come to? I would appreciate hearing from you. I am an undergraduate at the university of East London conducting a research project for my third year.

If you would be interested in volunteering please contact me, Petra Hancock, on:  
Tel 020 8508 4758  
Fax: 020 8508 4969

Or write to:  
39 Albion Hill, Loughton,  
Essex, IG10 4RD.

The research would involve a 30-45 minute discussion at your convenience.

## PARENT SUPPORT GROUP

We are two mums in Cheshire with unvaccinated children, looking for like-minded people to maybe meet up and talk about how this affects our lives.

If you live in or around Cheshire, please contact Jenny Greaves on:  
01606 835416  
or Sonya Bailey on 01270 522315

## ALSO.....

I would like to start a networking/support group for parents of non-vaccinated children (or partly vaccinated) in the Mid-Kent area, with a view to getting together maybe 4 times a year. If interested, please contact:  
Nicola Hague - 01622 609885  
or write: 87 Kingsley Road,  
Maidstone, Kent, ME15 7UP

## CHILDREN'S HEALTH IN THE AGE OF POLLUTION

One-day conference at  
St Martins College, Lancaster  
Saturday 23rd September 2000

One of the main speakers is  
Dr Michel Odent, and there will be some discussion on vaccination.  
Cost: £35 (Includes lunch & refreshments)  
For bookings and further details contact Jane Dean at:  
A Breath For Life, Waterview, Unit 1a,  
White Cross, Lancaster, LA1 4XQ.

Tel 01524 380363

## HOMŒOPATHIC AND GENERAL MEDICAL TREATMENT OF CHILDHOOD ILLNESSES, EMERGENCIES AND VACCINATION DECISIONS

ANNIE FRIEDMANN, LCH,  
MCH, RS Hom, Homœopath  
DR JAYNE LM DONEGAN,  
MBBS DRCOG DCH MRCGP GP  
& Vaccination Researcher

Annie and Jayne will be running another of their popular courses over five Sunday afternoons from Nov. 5th 2000 in North London.

- Learn that a healthy immune system is the only protection against disease (and how to get one!)
- How to enable your child to make the most of their childhood illnesses using homœopathic remedies and other supportive measures.
- How to resuscitate a child and to recognise and deal with concussion, burns, fractures and other childhood accidents.
- How to use medical advice for your needs, not your doctor's
- How to have the confidence to make the right decision about vaccination

Cost: £130 - £120 if paid before  
August 31st 2000  
(includes light refreshments)

Call 0181 452 2946  
for further information

## THE VACCINE DEBATE

Organised by  
What Doctors Don't Tell You  
Four experts, two viewpoints....  
....you decide who's right  
Thursday, 22nd June, 2000, 7-10pm  
Friends' Meeting House, Euston Road,  
London. NW1 Price: £21.75  
Bookings: Freefone 0800 146054  
or Tel: 01858 438894

*The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.*

## AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.
2. To offer support to parents regardless of the decisions they make.
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.
5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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